

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101528167

FILING DATE

APPLICANT(S)

Art. 34 1st Amnt. 2nd CLAIMS + Amnt.

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52						
3		2		2		2	53						
4		3		3		3	54						
5		4		4		4	55						
6		5		5		5	56						
7	1		1		1		57						
8		1		1		1	58						
9		2		2		2	59						
10		3		3		3	60						
11	1		1		1		61						
12		1		1		1	62						
13		1		1		1	63						
14	1		1		1		64						
15		1		1		1	65						
16							66						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	4	↓	1	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	13	←	13	←	11	←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	17		17		12		TOTAL CLAIMS						